

## Montana Medicaid - Fee Schedule Ambulance

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Ambulance**

Proc	Modifier	Description	Effective	Method	Fee	PA
A0021		AMBULANCE BASE RATE ARRANGED REIMBURSEMENT MEDICAID ONLY	11/1/1996	FEE SCHED	NEGOTIATED	Y
A0380		BLS MILEAGE (PER STATUTE MILE)	7/1/2000	FEE SCHED	\$2.64	
A0382		BLS ROUTINE DISPOSABLE SUPPLIES	7/1/2001	BY REPORT	\$0.00	
A0384		BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION	7/1/2001	BY REPORT	\$0.00	
A0390		ALS MILEAGE (PER STATUTE MILE)	7/1/2000	FEE SCHED	\$2.64	
A0396		ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; ESOPHAG INTUBA	7/1/2000	FEE SCHED	\$11.67	
A0398		ALS ROUTINE DISPOSABLE SUPPLIES	7/1/2001	BY REPORT	\$0.00	
A0422		AMBULANCE (ALS OR BLS) O2 AND O2 SUPPLIES LIFE SUSTAINING	7/1/2000	FEE SCHED	\$12.02	Y
A0425		GROUND MILEAGE PER STATUTE MILE	1/1/2001	FEE SCHED	\$2.64	Y
A0426		AMBULANCE ADVANCED LIFE SUPPORT NON-EMERGENCY LEVEL 1	8/1/2001	FEE SCHED	\$148.15	Y
A0426		AMBULANCE ADVANCED LIFE SUPPORT NON-EMERGENCY LEVEL 1	1/1/2001	FEE SCHED	\$187.06	Y
A0427		AMBULANCE ADVANCED LIFE SUPPORT EMERGENCY TRANSPORT LEVEL 1	7/1/2001	FEE SCHED	\$234.57	Y
A0428		AMBULANCE SERVICE BASIC LIFE SUPPORT NON-EMERGENCY TRANSPORT	8/1/2001	FEE SCHED	\$123.46	Y
A0428		AMBULANCE SERVICE BASIC LIFE SUPPORT NON-EMERGENCY TRANSPORT	1/1/2001	FEE SCHED	\$147.13	Y
A0429		AMBULANCE SERVICE BASIC LIFE SUPPORT EMERGENCY TRANSPORT	7/1/2001	FEE SCHED	\$197.54	Y
A0430		AMBULANCE CONVENTIONAL AIR TRANSPORT ONE WAY (FIXED WING)	7/1/2001	FEE SCHED	\$909.54	Y
A0431		AMBULANCE CONVENTIONAL AIR TRANSPORT ONE WAY (ROTARY WING)	7/1/2001	FEE SCHED	\$909.54	Y
A0433		ADVANCED LIFE SUPPORT LEVEL 2	7/1/2001	FEE SCHED	\$339.52	Y
A0434		SPECIALTY CARE TRANSPORT	7/1/2001	FEE SCHED	\$401.25	Y
A0435		FIXED WING AIR MILEAGE PER STATUTE MILE	7/1/2001	FEE SCHED	\$3.00	Y
A0436		ROTARY WING AIR MILEAGE PER STATUTE MILE	7/1/2001	FEE SCHED	\$8.00	Y
J0170		INJECTION ADRENALIN EPINEPHRINE UP TO 1 ML AMPULE	1/1/1991	FEE SCHED	\$1.11	
J0460		INJECTION ATROPINE SULFATE UP TO 0.3 MG	1/1/1991	FEE SCHED	\$0.40	
J1610		INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG (00002145001)	8/1/1995	FEE SCHED	\$25.58	
J1940		INJECTION FUROSEMIDE UP TO 20 MG	1/1/1991	FEE SCHED	\$1.49	
J2000		INJECTION LIDOCAINE HCL 50 CC (00186011001)	8/1/1996	FEE SCHED	\$4.75	
J2270		MORPHINE SULFATE UP TO 10 MG (00074617614)	6/1/1994	FEE SCHED	\$3.82	
J2275		MORPHINE SULFATE PRESERVATIVE-FREE PER 10 MG (00641113131)	6/1/1994	FEE SCHED	\$7.02	
J2930		METHYLPREDNISOLONE SOD SUCCINATE UP TO 125 MG (00009019009)	1/1/1991	FEE SCHED	\$4.25	
J3360		INJECTION DIAZEPAM UP TO 5 MG (00140193106)	1/1/1991	FEE SCHED	\$1.46	
J7030		INFUSION NORMAL SALINE SOLUTION 1000 CC	1/1/1991	FEE SCHED	\$7.20	
J7040		INFUSION NORMAL SALINE SOLUTION STERILE (500 ML=1 UNIT)	1/1/1991	FEE SCHED	\$3.60	
J7042		5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	1/1/1991	FEE SCHED	\$3.60	
J7060		5% DEXTROSE/WATER (500 ML = 1 UNIT)	1/1/1991	FEE SCHED	\$3.95	
J7120		RINGERS LACTATE INFUSION UP TO 1000 CC	1/1/1991	FEE SCHED	\$4.00	
93041		RHYTHM ECG ONE TO THREE LEADS; TRACING ONLY W/O INTERP & RE	7/1/2001	FEE SCHED	\$4.75	